PATENT APPLICATION Effect	OM FL.: DETERI 3 October 1, 2	MINATERS 1E A	WALAB	E COP	6 2 A	uiliber
CLAIMS A	o FILED - PART			011	10 DC	<u>190</u>
	(Column 1)	(Column 2)	SMALL:		OTHE	R THAN
TOTAL CLAIMS			RATE	FEE		L ENTITY
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FE	= 1/2 1	RATE OR BASIC FE	
TOTAL CHARGEABLE CLAIMS	/9minus 20=		 	7-21/	OR BASIC FE	-
INDEPENDENT CLAIMS	(o minus 3 =	. 2	X\$ 9=	-	OR X\$18=	
MULTIPLE DEPENDENT CLAIM PF	_ ~		X40=	120	OR X80=	1
			+135=		OR +270=	3
* If the difference in column 1 is I			TOTAL		OR TOTAL	1
CLAIMS AS A	MENDED - PAR	TII			•	R THAN
(Column 1)	(Colun		SMALL	ENTITY C	R SMALL	ENTITY
REMAINING AFTER AMENDMENT Total 9 1	NUME PREVIO PAID F	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total • 19	Minus 2	0 =	X\$ 9=		R X\$18=	1-1
Independent • FIRST PRESENTATION OF MUL	Minus *** (9 =	X40=	0	You	
	I'' LE DEFENDENT	CLAIM	+135=	0		
			TOTAL		TOTAL	
(Column 1)	(Colum	n 2) (Column 3)	ADDIT. FEE		ADDIT. FEE	
CLAIMS REMAINING AFTER AMENDMENT	HIGHE NUMBE PREVIOU PAID FO	ST ER PRESENT ISLY FYTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL
Total • Mi	inus **	=	X\$ 9=		X\$18=	FEE
	inus ***	=	X40=	OF	` ├ ──	
FIRST PRESENTATION OF MULT	TPLE DEPENDENT C	LAIM	A40=	OR		
	*.		+135=	OR	+270=	
	And the state of t	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	TOTAL ADDIT. FEE	OR	TOTAL ADDIT, FEE	BERK.
(Column 1)	(Column	2) (Column 3)				d Alty Van
REMAINING AFTER AMENDMENT	HIGHES NUMBER N PREVIOUS PAID FOR	PRESENT EXTRA	RATE TI	ADDI- ONAL FEE	RATE	ADDI- TIONAL
Total Sur Cryova Min	· · · · · · · · · · · · · · · · · · ·	= 1	X\$ 9=		Comment of	FEE
Independent Min	us land	3	7	OR	X\$18=	
FIRST PRESENTATION OF MULTIF	PLE DEPENDENT CL	AIM	X40= [OR	X80=	
the entry in column 1 is less than the entry in column 1 is less than the entry the Highest Number Previously Paid For the Highest Number Previously Paid For 16, Highest Number Previously Paid For 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	IN THIS SPACE IS 1988	i inan 20, enter "20." 📑 🔒	TOTAL DDIT. FEE	OR OR	TOTAL ADDIT: FEE	
	Transpendent) (8	เมื่อ nignest number foun	id in the appropri	late box in col		